

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	70205	10-2-99
O.I.P.E. CLASSIFIER		59	67
FORMALITY REVIEW	GH	71828	6-14-99

INDEX OF CLAIMS

S ..... Rejected  
 = ..... Allowed  
 (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	24 06 8 16
2	31 01 02 02
3	1 2 1 1
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6	8 1 0 1
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here